

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE					
						APPLICANT(S)						
CLAIMS												
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* IND.	* DEP.	* IND.	* DEP.	* IND.	* DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	1					51						
2		1				52						
3						53						
4	1					54						
5		1				55						
6		1				56						
7		1				57						
8		1				58						
9		1				59						
10		1				60						
11						61						
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42						92						
43						93						
44						94						
45						95						
46						96						
47						97						
48						98						
49						99						
50						100						
TOTAL IND.	3					TOTAL IND.						
TOTAL DEP.	7	↓	↓	↓		TOTAL DEP.	↓	↓	↓			
TOTAL CLAIMS	10					TOTAL CLAIMS						